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Facsimile: (212) 218-2200**FACSIMILE COVER SHEET****TO:** EXAMINER J. WANG - GAU 2672
PATENT AND TRADEMARK OFFICE**FROM:** LEONARD P. DIANA**RE:** U.S. Patent Appln. No. 09/624,385
Our File No. 03560.002626.**FAX NO.:** 703-872-9306**DATE:** May 6, 2004**NO. OF PAGES:**
(including cover page) 18**TIME:****SENT BY:****MESSAGE**

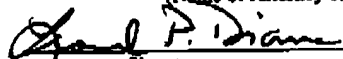
Attached is Applicants' Amendment After Final Action.

I hereby certify that this correspondence is being facsimile transmitted
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(Name of Attorney for Applicant)



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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2672, Expedited Procedure

In re Application of:

Docket No. 03560.002626.

TATSUSHI KATAYAMA ET AL.

Application No.: 09/624,385

Examiner: J. Wang

Filed: July 27, 2000

Group Art Unit: 2672

For: IMAGE SYNTHESIS METHOD, IMAGE
 SYNTHESIS APPARATUS, AND STORAGE
 MEDIUM

Date: May 6, 2004

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Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 13 | MINUS | ** 25 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 7 | MINUS | *** 7 | = 0 | x \$43 \$86 | \$0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT— | | | | | | \$0 |

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- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
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- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

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